

# Work Order ID 108939

\*108939\*

Page 1

Wednesday, October 30, 2013 7:11:29 AM

Item ID: D4121-1 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Hose Assy  
 Start Date: 10/30/2013 Start Qty: 5.00 \*5\* Cust Item ID:  
 Required Date: 11/8/2013 Req'd Qty: 5.00 \*5\* Customer:  
 Reference:

Approvals: Process Plan: CL Date: 13/10/30 Tooling: Date: Run Start \*NR1\*  
 QC: Date: SPC (Y/N): Date: Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4121	D

100	PURCHASING	0.00							
*100*									
Purchasing	Memo	0.00							
Purchasing	Create D2729-1 label and include with W/O								
	Issue P/O: <u>21876</u>								
	Hose Assembly as per Dwg D4121								
	Possible Supplier: API								
	Material release note is required								

110	Receive & Inspect for Damage & Mat'l Certs	0.00							
*110*									
Packaging	Memo	0.00							
Packaging	Ensure Material Release Note is attached								

CL 13/10/30 (5)

S

DAS  
27  
9-89

13 11 1

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Work Order ID 108939

\*108939\*

Page 2

Wednesday, October 30, 2013 7:11:29 AM

Item ID: D4121-1 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Hose Assy  
 Start Date: 10/30/2013 Start Qty: 5.00 \*5\* Cust Item ID:  
 Required Date: 11/8/2013 Req'd Qty: 5.00 \*5\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC6- Inspect dimensions to drawing  Memo	0.00  0.00				S			
130 *130* Small Fab Small Fab	Small Fab  Memo Install D2729-1 as per Dwg D4121 using D2182-045 Heat Shrink Batch: 32007	0.00  0.00				Sx			13/11/05
140 *140* QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00  0.00				S			

DAS  
27  
9-89

DAS  
27  
9-89

DAS  
36  
9-89

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Work Order ID 108939

**\*108939\***

Page 3

Wednesday, October 30, 2013 7:11:29 AM

Item ID: D4121-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Hose Assy  
 Start Date: 10/30/2013 Start Qty: 5.00 **\*5\*** Cust Item ID:  
 Required Date: 11/8/2013 Req'd Qty: 5.00 **\*5\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Identify as per dwg & Stock Location: <b>ST/95</b>	0.00							DAS
<b>*150*</b>						<b>5x</b>			<b>26</b>
Packaging	Memo	0.00							<b>9-89</b>
Packaging									<b>13-11-6.</b>
160	QC21- Final Inspection - Work Order Release	0.00							
<b>*160*</b>									
QC	Memo	0.00							
Quality Control									<b>13-11-06</b>

*[Handwritten Signature]* **13-11-07**  
*[Handwritten Signature]* **13-11-06**

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Picklist Print

Wednesday, October 30, 2013 7:11:29 AM

Page 1

Work Order ID: 108939

Parent Item: D4121-1

Parent Item Name: Hose Assy

Start Date: 10/30/2013

Required Date: 11/8/2013

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP REV:A NEW ISSUE 10-10-05 JLM VERIFIED BY:DD IPP REV:B AS PER ECN 11-598  
11-06-05 JLM VERF:DD IPP REV:C 11.11.16 AS PER DWG REV.D DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
156003-6D0274 Hose Assembly		Purchased	No			110	Each	0.0000	1	5		10/13/14/00	36 9-89
D2182-045 Heat Shrink 4.5" Long		Manufactured	No			130	Each	0.0000	1	5		13/11/05	36 9-89
D2729-1 Part Id Label (Re-Issue)		Manufactured	No			130	Each	0.0000	0	0		13/11/05	36 9-89

B26009 (5x)  
5x

DAS  
36  
9-89

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

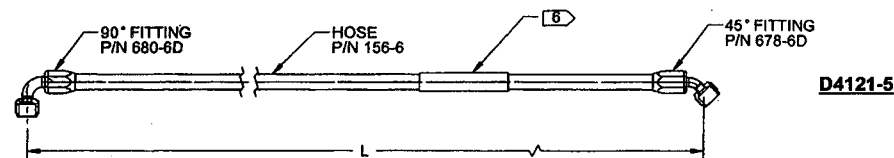
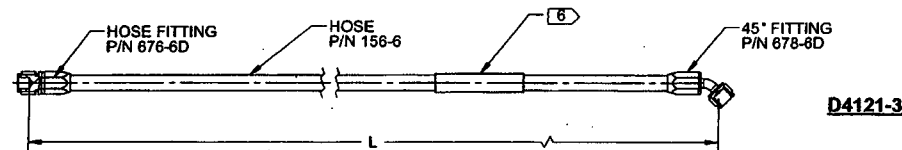
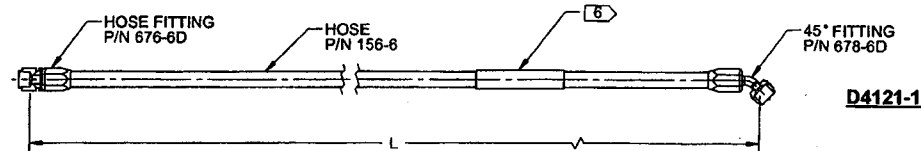
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other



HOSE SPECIFICATION			
DART P/N	STRATOFLEX P/N	VENDOR	L
D4121-1	156003-6D0274	API/ AVIAL	27.50
D4121-3	156003-6D0590	API/ AVIAL	59.00
D4121-5	156062D1054D000	API/ AVIAL	105.50



0213/10/30  
W10: 108939

RELEASED  
2011-11-16  
MP

**NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N & B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
- 7) WEIGHT: N/A
- 8) STAINLESS STEEL COVERING TO HAVE MINIMUM THICKNESS OF 0.015"

D	P/N 156003-6D0590 WAS 156003-6D0570 (ZN D2-1)	RF	11.11.14
C	ADD P/N 156062D1054D000 TO D4121-5	RF	11.07.27
B	P/N 676-6D WAS P/N 676-6S (ZN C4-1, B4-1); P/N 678-6D WAS 676-6S (ZN D8-1, C8-1); P/N 680-6D WAS P/N 680-6S (ZN B8-1); UPDATE STRATOFLEX P/N (ZN C2-1); UPDATE NOTE 6	RF	11.03.07
A	NEW ISSUE	RF	10.09.16
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	<b>DART AEROSPACE USA, INC.</b> KENT, WA	
DRAWN	RF		
CHECKED	RF	DRAWING NO.	REV. D
MFG. APPR.	RF	D4121	SHEET 1 OF 1
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	HOSE ASSEMBLIES	NTS
DATE	11.11.14	<small>COPYRIGHT © 2010 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small>	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

# PURCHASE ORDER

Purchase Order ID PO21876

Purchase Order Date 10/30/2013

PO Print Date 10/30/2013

Page Number 1 of 2

Order From :

AVIALL  
PO BOX 842275

DALLAS, TX 75284-2275  
USA

VU-AVI003

Ship To : DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

213/10/13

Contact Name

Vendor Phone

905-676-1695

Buyer

Customer POID

Customer Tax #

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

USD

FCA - (Free Carrier)

Ship To Contact

Ship To Phone

Ship Via:

Ship Acct:

FedEx PI collect

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
			Promise Date				
1	156003-6D0274	Hose Assembly	11/8/2013		5.00	\$146.09	\$730.46
			Yes		Each		
			11/8/2013				
	AS PER DWG.D4121 REV. D B108939						
						Line Total:	\$730.46
2	156003-6D0590	Hose Assembly	11/8/2013		5.00	\$178.56	\$892.80
			Yes		Each		
			11/8/2013				
	AS PER DWG D4121 REV. D B108940						
						Line Total:	\$892.80
3	156062D1054D000	Hose Assembly	11/8/2013		5.00	\$294.54	\$1,472.69
			Yes		Each		
			11/8/2013				
	AS PER DWG D4121 REV. D B108941						

Note:

10/30/2013



## PROFORMA INVOICE



SHIPMENT NBR:

81500

PAGE: 1  
DATE: 10/31/13  
TIME: 14:19  
EMP#: 23370

CUSTOMER P.O.: PO21876

ORDER NUMBER: 0014094564-

81500

ORDER DATE: 10/30/13

SHIP VIA: FED PLAM - COLLECT

ORD TYP: RG  
CURRENCY: USDB 032028  
I  
L DART AEROSPACE LTD  
L 1270 ABERDEEN STREET  
T HAWKESBURY ON K6A 1K7  
O CANADAS  
H  
I DART AEROSPACE LTD  
P 1270 ABERDEEN STREET  
T HAWKESBURY ON K6A 1K7  
O CANADAS 41270  
H  
I AVIALl DALLAS HOSE SHOP  
P AVIALl  
F HOSE SHOP  
R 2755 REGENT BLVD  
O DFW AIRPORT TX 75261-9048  
M U.S.A.

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
PLEASE SHIP FEDEX P1 ON CUSTOMER ACCOUNT NUMBER 1517-9324-0, AWB# MUST REFERENCE THE PURCHASE ORDER NUMBER, SHIP TO THE ATTN OF CHANTAL 613-632-9577								
1	IS	156003-6D0274 HOSE: MED PRESSURE, RUBBER REIN ST, REF: HS951HD0274 Schedule B: 4009.22.0050	5	5		0 EA	146.09	730.45
		LOT 51256883 EA Country of Origin: U.S.A.		5				
2	IS	156003-6D0590 HOSE: MED PRESSURE, RUBBER REIN ST, REF: Schedule B: 4009.22.0050	5	5		0 EA	178.56	892.80
		LOT 51256884 EA Country of Origin: U.S.A.		5				
5	IS	156062D1054D000 HOSE: MED PRESSURE, RUBBER REIN ST, REF: Schedule B: 4009.22.0050	5	5		0 EA	294.54	1,472.70

## CERTIFICATE OF CONFORMANCE

It is hereby certified that Aviall Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2740 Regent Blvd, DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at Aviall.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

AV18 R5-06

JR Hofmann, Director, Quality Assurance &amp; Training

10/31/13

Date

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL RETURNED  
MERCHANDISE SUBJECT TO HANDLING FEE.THIS IS TO CERTIFY THAT AVIALl HAS COMPLIED WITH THE PROVISIONS  
OF THE FAIR LABOR STANDARDS ACT OF 1938 AMENDED.

CUSTOMER ORIGINAL





## PROFORMA INVOICE



SHIPMENT NBR:

81500

PAGE: 2  
DATE: 10/31/13  
TIME: 14:19  
EMP#: 23370

CUSTOMER P.O.: PO21876

ORDER NUMBER: 0014094564-

81500

ORDER DATE: 10/30/13

SHIP VIA: FED PLAM - COLLECT

ORD TYP: RG  
CURRENCY: USDB 032028  
L DART AEROSPACE LTD  
L 1270 ABERDEEN STREET  
T HAWKESBURY ON K6A 1K7  
O CANADAS  
H DART AEROSPACE LTD  
I  
P 1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
T  
O CANADAS 41270  
H AVIALL DALLAS HOSE SHOP  
I  
P AVIALL  
HOSE SHOP  
F 2755 REGENT BLVD  
R DFW AIRPORT TX 75261-9048  
O  
M U.S.A.

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
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LOT 51256885 EA

5

Country of Origin: U.S.A.

\*\*\* These commodities, technologies, or software were exported from the United  
\*\*\* States in accordance with the Export Administration Regulations. Diversion  
\*\*\* contrary to U.S Law is prohibited.

\*\*\*  
\*\*\*  
\*\*\*

Aviall is not providing OEM parts. Aviall is an authorized Stratoflex distributor providing TSO assemblies. Numbers referenced per customer requirements are for customer reference ONLY and are in no way intended to be represented as OEM parts. Any reference to an OEM part number does not authorize or reflect installation authority for this part. The installation authority is provided by the mechanic installing this product in accordance with FAR Part 43.

PARTS TOTAL 3,095.95  
TAXES 0.00  
FREIGHT 0.00  
FUEL SURCHARGE 0.00  
TOTAL 3,095.95  
Currency: United States Dollar

## CERTIFICATE OF CONFORMANCE

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JR Hofmann, Director, Quality Assurance &amp; Training

Date

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CUSTOMER ORIGINAL



Hose Shop 2755 Regent Blvd. DFW Airport

75261

Phone 972-586-1380 Fax 972-586-1381 www.aviall.com

## TSO CERTIFICATION

It is hereby certified that (A) The parts and/or materials reflected herein were produced under Federal Aviation Administration approved manufacturing and quality control system/methods as set forth in the FAA issued technical standard order authorizations (TSOA) issued to Stratoflex and (B) such part and/or materials are new and are in condition for safe operation.

Aviall Order Number: 14094564

1. 156003-6D0274 5EA.
2. 156003-6D0590 5EA.
3. 156062D1054D000 5EA.

Signed: \_\_\_\_\_ Date: 10-31-13

"Aviall is not providing OEM parts. Aviall is an authorized Stratoflex distributor providing TSO assemblies. Numbers referenced per customer requirements are for customer reference ONLY and are in no way intended to be represented as OEM parts. Any reference to an OEM part number does not authorize or reflect installation authority for this part. The installation authority is provided by the mechanic installing this product in accordance with FAR Part 43".

If applicable, satisfactory compliance with the conditions and tests required for TSO approval indicates the hose assembly has met the minimum performance standards as stated in the TSO. Furthermore, it is the responsibility of the installer to determine the installation eligibility and that it will not cause the hose assembly to be subjected to conditions in excess of those for which it has been approved.

FORM# CERT -001

